

# United States Patent Application

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **AN IMPLANTABLE MEDICAL DEVICE WITH A RECHARGING COIL MAGNETIC SHIELD**

The specification of which

a. ☒ is attached hereto

b. \_\_\_\_\_ was filed on \_\_\_\_\_ as application serial no. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable) (in the case of a PCT-filed application) described and claimed in international no. \_\_\_\_\_ filed \_\_\_\_\_ and as amended on \_\_\_\_\_ (if any), which I have reviewed and for which I solicit a United States patent.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).<sup>1</sup>

I hereby claim foreign priority benefits under Title 35, United States Code, §119/365 of any foreign application(s) for patent of inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

☒ no such applications have been filed.

\_\_\_\_\_ such applications have been filed as follows:

### FOREIGN APPLICATION(S), IF ANY, CLAIMING PRIORITY UNDER 35 USC §119

COUNTRY	APPLICATION NUMBER	DATE OF FILING	DATE OF ISSUE

### ALL FOREIGN APPLICATIONS, IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING	DATE OF ISSUE

I hereby claim the benefit under Title 35, United States Code, §112/365 of any United States and PCT international application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<sup>1</sup>

#### § 1.56 Duty of disclosure; fraud, striking or rejection of applications.

(a) A duty of candor and good faith toward the Patent and Trademark Office rests on the inventor, on each attorney or agent who prepares or prosecutes the application and on every other individual who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application. All such individuals have a duty to disclose to the Office information they are aware of which is material to the examination of the application. Such information is material where there is substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent. The duty is commensurate with the degree of involvement in the preparation or prosecution of the application.

2 0 4	Full Name of Inventor	FIRST NAME James	MIDDLE INITIAL	LAST NAME Riekels
	Residence & Citizenship	CITY Plymouth	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 15230 18 <sup>th</sup> Avenue North	CITY Plymouth	STATE/ZIP/COUNTRY Minnesota 55447 US
SIGNATURE OF INVENTOR 204				DATE

  

2 0 5	Full Name of Inventor	FIRST NAME Mark	MIDDLE INITIAL E.	LAST NAME Schommer
	Residence & Citizenship	CITY Maple Grove	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 9135 Kingsview Lane North	CITY Maple Grove	STATE/ZIP/COUNTRY Minnesota 55369 US
SIGNATURE OF INVENTOR 205				DATE

Additional pages for fourth and subsequent inventors attached.

This Declaration ends with this page.

U.S. APPLICATION NUMBER	DATE OF FILING	STATUS (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

Harold R. Patton	Reg. No. 22,157	Beth L. McMahon	Reg. No. 41,987
Michael J. Jaro	Reg. No. 34,472	Daniel W. Latham	Reg. No. 30,401
Girma Wolde-Michael	Reg. No. 36,724	Curtis D. Kinghorn	Reg. No. 33,926
Thomas F. Woods	Reg. No. 36,726	Eric R. Waldkoetter	Reg. No. 36,713

Please direct all correspondence in this case to: Medtronic, Inc.  
7000 Central Avenue N.E.,  
Minneapolis, Minnesota 55432  
Telephone No. (763) 514-3156

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

201	Full Name of Inventor	FIRST NAME Oscar	MIDDLE INITIAL	LAST NAME Jimenez
	Residence & Citizenship	CITY Coral Gables	STATE OR FOREIGN COUNTRY Florida	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 1231 Medina Avenue	CITY Coral Gables	STATE/ZIP/COUNTRY Florida 33134 US
SIGNATURE OF INVENTOR 201				DATE
202	Full Name of Inventor	FIRST NAME Guillermo	MIDDLE INITIAL	LAST NAME Echarri
	Residence & Citizenship	CITY Miami	STATE OR FOREIGN COUNTRY Florida	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 2111 NW 17 <sup>th</sup> Street	CITY Miami	STATE/ZIP/COUNTRY Florida 33125 US
SIGNATURE OF INVENTOR 202				DATE
203	Full Name of Inventor	FIRST NAME John	MIDDLE INITIAL E.	LAST NAME Kast
	Residence & Citizenship	CITY Hugo	STATE OR FOREIGN COUNTRY Minnesota	CITIZENSHIP US
	Post Office Address	POST OFFICE ADDRESS 10815 140 <sup>th</sup> Street North	CITY Hugo	STATE/ZIP/COUNTRY Minnesota 55038 US
SIGNATURE OF INVENTOR 203				DATE

Additional pages for fourth and subsequent inventors attached.

This Declaration ends with this page.